

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1949

1947

State File No.

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>230</u> | | PRIMARY REG. DIST. NO. <u>5810</u> | | Registrar's No. <u>3</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery Co.</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bluffton, Mo. Rural</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bluffton, Mo. Rural</u> | | | |
| c. LENGTH OF STAY (In this place) <u>15 years</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX</u> | | | | e. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Belle</u> c. (Last) <u>Ellis</u> | | | | 4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>3rd</u> (Year) <u>1949</u> | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>June -3-1862</u> | |
| 9. AGE (In years last birthday) <u>86</u> | | 10. UNDER 1 YEAR Months <u> </u> Days <u> </u> | | 11. UNDER 1 M. Hrs. <u> </u> Min. <u> </u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | |
| 11. BIRTHPLACE (State or foreign country) <u>Warren County, Mo.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> | | | |
| 13a. FATHER'S NAME <u>John Carver</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Young</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>Frank M Ellis</u> | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Melba Zimmerman</u> ADDRESS <u>Bluffton Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>5921</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic endocarditis</u> | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | 21. INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec. 28, 1948</u> , to <u>Feb 2, 1949</u> , that I last saw the deceased alive on <u>Feb. 2, 1949</u> , and that death occurred at <u>3:05 P.M.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. J. Lester</u> (Degree or title) <u>2-100</u> | | | | 23b. ADDRESS <u>Bermain Mo.</u> | | | |
| 23c. DATE SIGNED <u>2/3/49</u> | | | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | | |
| 24b. DATE <u>Feb 6th, 1949</u> | | | | 24c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u> | | | |
| 24d. LOCATION (City, town, or county) (State) <u>Near Big Spring, Mo.</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Barbara Walker</u> ADDRESS <u> </u> | | | |
| DATE REC'D BY LOCAL REG <u>Feb 4-1949</u> | | | | REGISTRAR'S SIGNATURE <u>Mrs. Nana Lee Thompson</u> <u>208</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 14 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

D.B. Baker,

Student Embalmer No. _____

working under my personal supervision.

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 5375

P. O. Address Americus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.